

FUSE! Student Professional Travel Mini-Grant Application

Who is eligible? Any current Ferrum College student who has done original scholarly work under the direction of a Ferrum College faculty member and who will be presenting the work at a professional conference

What is a Professional Travel Mini-Grant? Up to \$350 is available for appropriate, receipted and documented travel expenses to present at professional conference/symposium/exhibition. (Please provide documentation of the acceptance for presentation/exhibition in the application). Appropriate receipted expenses include: conference registration; per diem for meals of \$40; hotel costs; mileage; airfare.

When? Applications will be accepted on a first come/first served basis, until funds are expended. Only one FUSE! Grant per student

Criteria:

1. The application must be completed and signed by the student and professor who was the collaborator on the research/scholarly project. In addition, the student must include, with the application:
 - an abstract that includes the purpose of the professional presentation/exhibition
 - a full-text paper, if available, and/or copies of AV materials to be used in the presentation (e.g., Powerpoint) or other appropriate artifacts.
 - a signature and brief statement of support from the sponsoring faculty member addressing the quality of the student's work and verifying the role the student had in creating the work
 - a copy of the invitation or documentation of acceptance for presentation/exhibition
2. The application must be submitted to the Vice President for Academic Affairs (VPAA) for review and approval.
3. If approved, the student will receive notification via email (copied to the sponsoring professor).
4. To receive reimbursement for expenses, the student must provide to the VPAA's Office:
 - an itemized accounting of expenses, including receipts for professional conference travel related expenses for which reimbursement is being requested. Reimbursement requested must be submitted no later than two weeks following the travel

FUSE! Student Professional Travel Scholarship Application

Name: _____

Campus/Local Address: _____

Email: _____

Sponsoring Faculty Member: _____

Name of Conference/Exhibition: _____

Title of Presentation/Exhibition: _____

Abstract of Presentation/Exhibition (attach other requested documents listed above):

Are you co-presenting? If yes, with whom? _____

Itemize costs: _____

Total Request for Scholarship: _____ (not to exceed \$350)

VPAA Approval _____ Date: _____

Waiver Form for Traveling Separately from a College Sponsored Event

I _____ will be a participant
in the Ferrum College sponsored trip to _____
on the following date(s): _____.

I have been offered transportation as arranged by the group leader of this event, but am requesting permission to travel separately from the group and accept full responsibility for my own safety and well-being in so doing. My individual travel arrangements are as follows (check one):

- 1. Driving in my own vehicle, myself the primary driver.
- 2. Driving in someone else's vehicle, with someone else the primary driver.
- 3. Separate flight arrangements, details as follows:
(Include flight number(s), dates, point of departure and destination.)

Signature of Participant

Date

Signature of Parent or Guardian
If Participant is under
eighteen years of age

Date

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**NON-EMPLOYEE
WAIVER AND RELEASE
FOR DOMESTIC TRAVEL
PROGRAMS SPONSORED BY
EIIA MEMBER INSTITUTIONS**

By
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This form is intended to be signed by all students, guests, and other non-employees participating in domestic field trips.

(INSERT NAME OF FIELD TRIP/DOMESTIC TRAVEL)
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT

I, _____ ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the following activity/trip _____ (Insert name of Activity) _____ ("Activity"), to be held in and around _____ (insert location) _____, from _____ (insert date(s)) _____. In consideration for being permitted by [Institution Name] ("[INSTITUTION]") to participate in the Activity, I hereby acknowledge and agree to the following:

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary. As a condition of my participation, I hereby grant [INSTITUTION] the right to use, for promotional purposes only, any photographs of me taken by [INSTITUTION], its employees or agents, during my participation in the Program. I further understand and agree that [INSTITUTION] may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with [INSTITUTION] policies and procedures, including the [SPECIFY applicable policies and procedures]. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that [INSTITUTION] has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or for any other reason in [INSTITUTION]'s discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Activity, including the dangers, hazards, and risks inherent in the Activity, including but not limited to transportation to and from [SPECIFY] via private vehicle, common carrier and/or [INSTITUTION] owned vehicle, participation in [SPECIFY ACTIVITY], overnight accommodations, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any independent research or activities I undertake as an adjunct to the Activity. I understand that as a Participant in the Activity I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only [INSTITUTION]'s actions or inactions, but also the actions, inactions, negligence or fault of others. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to [INSTITUTION]'s gross negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the [INSTITUTION], its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Activity, **REGARDLESS OF**

WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED. I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of, but not limited to: participation in (SPECIFY ACTIVITY), travel to and from (SPECIFY) via private vehicles, common carriers, and/or [INSTITUTION] owned vehicles, weather conditions, overnight accommodations, facility conditions, equipment conditions, first aid operations or procedures of Releasees, and other risk that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR GROSSLY NEGLIGENT ACTS,** and I assume full responsibility for my participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS.**

PERSONAL MEDICAL INSURANCE. I agree to purchase and maintain during the term of the Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Activity.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record or history that could be aggravated by my participation in this particular Activity.

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Activity. In the event of any medical emergency, I (initial one) do do not authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that [INSTITUTION's] personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of [SPECIFY INSTITUTION'S STATE]

[OPTIONAL: I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.]

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM OF A LEGAL AGE CAPABLE OF CONSENT OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Date: _____

(Signature of Participant)

(Printed Name of Participant)

Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in granting a release to Releasees as set forth in detail above.

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature)

(Printed Name of Institution Official)

This document is presented to EIIA members strictly as a guideline. As individual circumstances may vary, the contents and concepts presented should be reviewed and amended as necessary to properly address your institution's unique exposures. Additionally, it is recommended that the contents and concepts presented be reviewed in the full context of its use with legal counsel prior to implementation.

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